



Public Water System Self-Assessment

Water System Name _____

EPA ID _____

Mailing Address _____

Prepared date _____

Prepared by (Name, Title) _____

Preparer Email Address _____

Preparer Phone Number _____ Fax: _____

A completed self-assessment form is required from all public water system applicants to the NH Drinking Water State Revolving Loan Fund (DWSRF).

Loan pre-applications are due by May 15, and full loan applications are due by July 1 of each year.

Please submit completed form to:
DES Drinking Water and Groundwater Bureau / DWSRF
29 Hazen Drive PO Box 95
Concord, New Hampshire 03302-0095
dwgbinfo@des.nh.gov
Tel 603-271-2513 Fax 603-271-5171

This form is also available at
www.des.nh.gov Quick Links, Grants / Loans
or
<http://des.nh.gov/organization/divisions/water/dwgb/capacity/dwsrf.htm>

Please answer each of the following questions for your system. Use N/A if the question does not apply.

	Yes	No	N/A	Don't know
WATER PROTECTION AND EMERGENCY PREPAREDNESS				
General Source Water Protection				
Do you have a written source water protection program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the source protection program being actively implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your system purchases water, do you know if your water supplier has a written protection program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you do source water protection outreach?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you reviewed your Drinking Water Source Assessment Report from DES? If you have not read it, please request a copy at dwgbinfo@des.nh.gov	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have steps been taken to address criteria identified in the Drinking Water Source Assessment Report as "high" risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the planning board or land use officials in each town where your source protection area(s) are located been informed in writing that these areas exist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you familiar with DES's grant programs for source water protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you patrol your source protection area(s) at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you evaluate and/or survey potential contamination source businesses identified in the source water assessment at least once every three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source Water Protection--Surface Water				
Do you control the shoreline of your source through ownership or easements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the remainder of the watershed protected through public ownership or restrictive zoning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are water use restrictions (e.g., boating, swimming) in place for the entire water body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are water use restrictions (e.g., boating, swimming) in place for the area around your intake?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have signs at the public access points to notify users of restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source Water Protection--Ground Water				
Do you own or control land use activities within the sanitary protective radius of each of your well sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you own the land or control land use activities in the wellhead protection area outside the sanitary protective radius?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If your system has more than 30 service connections, do you have an approved second well source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness				
Do you have a written Emergency Response Plan to address threats to your water supply and emergency system operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you inform DES when there is a change in contact information so that we may reach you to provide help in the event of a state declared emergency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL CAPACITY				
Water Quantity				
Do you have a sufficient quantity of water to meet peak water demands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you record your daily water use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	Don't know
Do you conduct water audits to determine the volume of unaccounted-for water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you check for system leaks on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you bill your customers for 100% of the water that is pumped from your sources (unaccounted-for water is minimal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a water conservation plan or procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the operating pressures in the water system between 35 psi and 85 psi at the service connections of each customer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you maintain adequate pressure (20 psi or more) in the distribution system under all flow including emergency power loss conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>In the past year, have there been more than three unscheduled service interruptions and / or one or more unscheduled service interruptions exceeding twelve hours (not counting the Dec 2008 icestorm)?</i> <i>Yes=5 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Quality				
<i>In the past year, have you received any MCL violations?</i> <i>Yes=20 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you use water treatment equipment to maintain compliance with an MCL?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>In the past year, has the system received any monitoring or reporting violations?</i> <i>Yes=5 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment: Corrosion Control				
Have the "first draw" water quality results for lead and copper been below 15 ug/l for lead and 1.3 mg/l for copper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your finish water have a pH greater than 8 and an alkalinity greater than 50 mg/l?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment: Radionuclides				
Do you know if your radon levels are in the high (> 4000pCi/l), medium (300 to 4000 pCi/l), or low (< 300 pCi/l) range?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are levels of radium (226 and 228 combined) in your finish water below 20 pCi/l?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are levels of Gross Alpha (including radium 226, excluding radon and uranium) below 15 pCi/l?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment: Inorganic Contaminants				
Is the concentration of arsenic in your finish water below 0.01 mg/l? The current MCL for arsenic will change from 0.05 mg/l to 0.01mg/l in 2006	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the concentration of fluoride in your finish water below 4 mg/l?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the concentration of nitrate in your finish water below 10 mg/l?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant and Distribution Operations and Procedures				
<i>Does the water system have repair contracts for electrical, mechanical and/or distribution system work?</i> <i>No = 5 points</i>				
Do you flush distribution system piping at east annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have maps or plans that clearly define your service area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have accurate "As Built" drawings for your distribution system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all valves exercised and lubricated annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dedicated flow meters and raw water sample taps for each well source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an Operations and Maintenance manual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no to above, do you know what deficiencies you have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have backflow prevention and cross connection control programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have and use a preventive maintenance schedule for facilities equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	Don't know
Do you have an adequate spare parts inventory to meet emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are your test instruments regularly inspected and calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your standby/emergency power system supply sufficient power to operate your system during peak demand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has it been tested/evaluated within the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Certification and Training				
<i>Does the system have a back-up certified operator? No=5 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do water system staff attend regular training seminars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all other key staff positions filled including office personnel, managerial personnel and water system overseers (trustees, selectmen, directors, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Quality Assurance				
Has your system had a sanitary survey within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Were any significant facility or operational deficiencies noted in the last sanitary survey? (ref. Env-Ws 306.01(d) (1 & 2) Yes=5 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the most recent sanitary survey indicated any deficiencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, have the indicated deficiencies been corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your system had a violation of SDWA rules or State water quality rules within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGERIAL CAPACITY				
Organizational Structure				
Does the system have a clearly identified ownership/management structure with clearly defined roles for owners and operators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the system have a clearly identified official to interact with public and regulatory entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an organizational chart to detail system structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all applicable by-laws, ordinances, charter provisions, covenants or other constitutional documents and governing agreements current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are constitutional and governing agreements regularly reviewed and amended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the governing body hold duly and regularly scheduled meetings with proper public posting and appropriate time for public notification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are minutes of the meetings taken and made readily available to the public?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have written personnel policies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the personnel policies regularly reviewed and amended as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a safety program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the safety program regularly reviewed, practiced and amended as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	N/A	Unknown
Do you have written policies and procedures for responding to public inquiries, concerns or complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have written operational policies and procedures for such things as: connection/disconnection, public notification for violations/alerts/emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these policies and procedures regularly reviewed and amended as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you engage in general public education activities beyond the required issuance of Consumer Confidence Reports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	Don't know
System Planning				
Does your system have a written Comprehensive System Facilities Plan (long range, 10 to 20 year plan for total system operations)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration and Interconnection				
Are you interested in partnering with other drinking water systems, either locally or regionally, to share staff, water, equipment, or supplies and/or to purchase water, power, equipment, or supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you interested in entering into mutual aid agreements with other systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered contracting your services, staff or equipment to other water systems as may be needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you considered the possibility of merging with adjacent systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Information Systems				
Do you have and use a computer for information management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the computer used for process control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the computer used for financial management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the computer used for maintaining general information files?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an e-mail account?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Internet access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINANCIAL CAPACITY				
Budgeting				
Do you prepare a written annual budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do your annual revenues exceed annual operating, maintenance & administrative expenses by 10 to 20 percent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are water system revenues applied only to water system expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you meeting your budget goals with respect to income and expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your budgeting process provide for depreciation of existing equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Does the water system fund a capital reserve account? No=5 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Controls				
Do you have written policies for billing and collection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you prepare monthly and/or quarterly financial statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do overseers (commissioners, selectmen, directors, etc.) regularly review financial statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your system have an annual financial audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are delinquent accounts less than 5% of the annual operating budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the water system's contractual obligations being met?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Does the water system have any contractual debts over 6 months in arrears? Yes=5 points</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Rates				
Do you review your rate structure and fees annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your rate structure generate sufficient income to:				
Pay for operating expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund depreciation or reserve accounts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A	Don't know
Fund a capital reserve account to cover equipment replacement expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your water system generate sufficient income to meet estimated expenses during the current and forecasted budget years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To withstand cash flow fluctuations, does the system have an operating cash reserve equal to or greater than 1/8 its annual operating budget?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can your system cover the cost of an emergency or failure of its most vulnerable system component? (well, supply source, pump, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your water rate >1% of the community's median household income? (NH median non-metro MHI is \$50,246 year based on the last US census)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning				
Do you prepare a multi-year budget (three years or more)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written long-range capital improvement plan (ten years or more)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>